



Confidentiality Agreement

Your therapist: Sara Pendlebury

Statements of understanding	Please tick
I understand that all clinical information shared with my therapist will remain confidential within their service except where they believe there may be a risk of harm to myself or others, or where there's a legal duty of disclosure.	
I understand that my therapist has case supervision with their supervisor where a broad outline of my case may be discussed as a part of the supervisory process and that no identifying details will be revealed.	
I have read and understood the HGI Information for Clients sheet including the section about use of questionnaires and how the data will be used in service evaluation and research, and I understand that by ticking the box opposite I am giving permission for my anonymised data to be used for service evaluation and research and that I can withdraw my consent to this at any time by contacting my therapist.	
<p>I understand that my personal information will be kept in accordance with the Data Protection legislation. By ticking the box opposite, I consent to information about me being held by the therapist, which means that they will:</p> <ul style="list-style-type: none"> • use my contact details only to get in touch with me about matters relating to my treatment, such as appointments and to provide helpful information, where appropriate. • not share my personal information with other individuals or organisations, except where they have reason to believe that I or others to be at risk of harm, or where there is a legal duty to disclose it • retain a record of my treatment for a period of 7 years, in accordance with professional requirements and will take steps to ensure the accuracy and security of the record. • provide me with access to the information they hold about me, if I request it. 	
I give permission for the therapist to put my name and contact details into an online calendar programme which sends out appointment reminders	Yes No

Signed _____

Date _____

PRINT NAME _____

If you would like to view this agreement in large print format, please inform your therapist.